

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10787289

FILING DATE 02-26-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		1				
5		1				
6		1				
7		1				
8		3				
9		3				
10		3				
11		3				
12		4				
13		4				
14		2				
15		3				
16		①				
17		1				
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	33					
TOTAL CLAIMS	36					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						